	. si, di - k a	25							AC 444	TOTAL DEPT STATE	Description of the control	
			MANAGE .		A CONTRACTOR	प्रतिक संपद्धा	4464					
in terminate	an a soon an addition	Michigan Con	money	<u> </u>	Man after.		33,117,0	Applicatio	u out	Docket Nu		
			رائي بمعانست						•		rwer	1
Effective October 1, 2003							10/777044					
	CLAIMS A	S FILED .	PARTI	•			IALL E	/· YTITY	•	OTHE	R THAN	-
<u> </u>		(Column 1) (Column 2)				TY	TYPE			SMALL ENTITY		
LCLAIMS		20					RATE FEE]	RATE	FEE	
		NUMBER	FILED	NUMI	BER EXTRA	84	SIC FEE	385.00	OR	BASIC FEE	770.00	1
CHARGEABLE CLAIMS		20 minus 20=		· Ø			X\$ 9=		OR	XS1.8=		1
ENDENT CLAIMS		2 minus 3 =			8		X43=		OR	X86=		1
LE DEPE	NDENT CLAIM P	RESENT (+145=			+290=		1
differenc	e in column 1 is	less than z	ero, enter	"0" in (column 2	T	OTAL		OR	TOTAL	770.	bo
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						s	MALL	ENTITY	OR	OTHER SMALL		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ist Er Usly	PRESENT EXTRA	F	RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE	
<u></u>	· 54	Minus	- 22		= 3/4	×	(\$ 9=		OR	X\$18=	612	
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ST PRES	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		+	145=		OR	+290=	,	
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	(Column 1)		(Colum	n 2)	(Column 3)		• .					
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	REMAINING AFTER		HIGHE NUMBI PREVIOL	er Jsly	PRESENT EXTRA	R	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL	·
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entry in colu	mn 1 is less than thember Previously Pa	e entry in colu	ma 2, write 7	U IN CO	(MTR) J. 소 20. eder "20."	1000	TOTAL T. FEE	.]	OR Z	TOTAL VIOR FFE		

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